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**NEWS RELEASE**  
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## **JURY CONVICTS RIVERSIDE COUNTY MEDICAL PROVIDER IN INSURANCE FRAUD CASE**

**RIVERSIDE** – A Riverside County jury has convicted a doctor from Menifee in a four-year scheme to defraud workers' compensation insurance companies.

Benjamin Gould Cox, DOB: 11-27-31, was convicted on Oct. 4, 2018, of seven counts of insurance fraud and seven counts of perjury for lying to the California Medical Board in relation to his performance during his disciplinary probation.

Dr. Cox is scheduled to be sentenced on Nov. 13, 2018, in Dept. 64 at the Hall of Justice in Riverside.

The California Department of Industrial Relations brought to the attention of the Riverside County District Attorney's Insurance Fraud Team that Dr. Cox was billing for fraudulent medical-legal reports. Medical-legal reports are used by the Workers' Compensation Appeals Board. They are created when an injured worker and the insurer have a dispute that needs resolution. Most medical-legal reports are prepared by a Qualified Medical Evaluator (QME).

The Department of Industrial Relations certifies who may be a QME and provides them to the parties in dispute. The insurance companies are required to pay for the reports generated by a QME. Even though Dr. Cox was not a QME and there were no disputes that required a medical-legal report, he nonetheless billed multiple insurance companies including Berkshire Hathaway, The Hartford, Liberty Mutual, State Compensation Insurance Fund, Zenith Insurance, Zurich Insurance, and Employers Insurance for more than \$90,000 in medical-legal reports.

In addition to violating numerous rules and regulations regarding the creation and content of medical-legal reports, Dr. Cox perjured himself in California Medical Board disciplinary probation reports regarding his status as a QME. As part of his disciplinary probation, the Medical Board required Dr. Cox to provide quarterly statements to ensure that he was complying with his terms of probation. For years after his QME certificate expired Dr. Cox wrote that he was a "Qualified Medical Evaluator" on his quarterly reports.

The case, RIF1701800, was prosecuted by DDA W. Matthew Murray of the DA's Insurance Fraud Team.

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